# State of Wisconsin

Department of Health and Family Services

2001-2003 Biennial Report



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# **Department of Health and Family Services**

Jim Doyle, Governor Helene Nelson, Secretary

December 23, 2003

TO: The Honorable Jim Doyle, Governor of Wisconsin Members of the Legislature

The following 2001-2003 Biennial Report for the Department of Health and Family Services (DHFS) describes the achievements and activities of the Department from July 1, 2001 to June 30, 2003.

This report provides an overview of the Department, outlines its organization and describes the Department's performance and operation. It also describes the Department's goals and objectives for the upcoming biennium.

We look forward to continuing our service to Wisconsin's citizens.

Sincerely,

Helene Nelson Secretary



# Report for the Biennium ending June 30, 2003

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# **DEPARTMENT OVERVIEW**

The Department of Health and Family Services is one of the largest and most diverse state departments in Wisconsin, with an annual budget of some \$6.1 billion and 6,200 employees.

The Department oversees Medicaid, the single largest program in the state budget, and other health programs and social service programs. Department activities include child welfare oversight, alcohol and other drug abuse prevention, public health, implementation of long-term care, disability determination, regulation of state nursing homes and childcare facilities, and numerous other programs that aid and protect the citizens of our state. DHFS also oversees seven large institutions: three centers for the developmentally disabled; a facility for mentally ill prisoners; two psychiatric hospitals; and a facility for treating sexually violent persons.

The Department has five divisions and three offices.

The Division of Children and Family Services' major focus is on issues and policies affecting children, families and communities. The Division's responsibilities include public child welfare, adoptions; kinship care; regulation and licensing of child care, child placing agencies and residential centers for youth; domestic violence; youth development; community service block grant and emergency food assistance.

The Division of Disability and Elder Services was created in 2003 through a merger of the Division of Supportive Living and the Division of Care and Treatment Facilities. The Division manages programs involving mental health, substance abuse, developmental disabilities and sensory disabilities as well as aging and long-term support programs. The Division has quality assurance responsibilities for the regulation and licensing of adult care programs and facilities, and manages the state supplemental security income program.

In addition, to managing a wide range of community-based services, the Division operates state institutions that provide care and treatment for persons with mental illness, developmental disabilities, and/or sexually violent behavior and provides community support services for forensic patients after release. Programs are administered at two mental health institutes (Mendota Mental Health Institute in Madison and Winnebago Mental Health Institute in Winnebago), and three centers for persons with developmental disabilities (Central Wisconsin Center for the Developmentally Disabled located in Madison, Southern Wisconsin Center for the Developmentally Disabled located in Union Grove and Northern Wisconsin Center for the Developmentally Disabled located in Chippewa Falls). The Wisconsin Resource Center in Winnebago provides specialized mental health services for inmates in the correctional system. Both the Wisconsin Resource Center and the Sand Ridge Secure Treatment Center in Mauston provide treatment to patients committed as sexually violent persons.

Finally, community release services are provided through the Division's Conditional Release/Supervised Release program unit.

The Division of Health Care Financing focuses on the purchase of quality health care for low income people including children and their families, elderly persons and persons with disabilities. The Division is responsible for administering the Medical Assistance (Medicaid), BadgerCare, SeniorCare, Food Stamp, Chronic Disease Aids, Health Insurance Risk Sharing Plan (HIRSP) and General Relief programs. It is also responsible for issuing birth, death, marriage and divorce certificates as well as collecting statistics related to the health of Wisconsin residents and the health care industry.

The Division of Public Health manages programs in the areas of environmental health, occupational health, family and community health, emergency medical services, injury prevention, chronic disease prevention, health promotion, communicable disease prevention, oral health, school health, minority health and women's health.

The Division of Management and Technology provides personnel, financial, information technology and other administrative services to the program divisions of the Department of Health and Family Services, to support the divisions in delivering quality, cost-effective programs for the Department's clients. In addition, the Division establishes and oversees administrative policies and procedures, provides financial, technology and personnel advice, and ensures compliance with laws, regulations and standards.

**The Office of Legal Counsel** is a law office located within the Department's Office of the Secretary. The Office of Legal Counsel provides legal advice to the Secretary, the Secretary's management staff, the Department's Division Administrators, and the employees of each Division.

The Office of Program Review and Audit is charged with establishing subrecipient audit policies and reviewing and resolving subrecipient audits, establishing program monitoring policies and procedures, coordinating and conducting department-wide program reviews of subrecipients, participating in and/or leading department-wide efforts to improve business processes, and conducting internal audits.

The Office of Strategic Finance is responsible for policy development and review, budget preparation, facilitating appropriate federal funding, strategic planning, assessing program effectiveness, and coordination and monitoring of regional and tribal operations.

#### DIVISION OF CHILDREN AND FAMILY SERVICES

The Division of Children and Family Services' responsibilities include public child welfare, regulation and licensing of child caring facilities, youth development and a broad range of community programs.

#### 1. Performance

# a. Adoption Records Search

During the last biennium, more than 2,500 persons requested assistance from the Adoption Records Search Program for existing record information and/or updated health history or identifying information about birthparents. Approximately 700 search requests were completed.

# **b.** Brighter Futures

The Brighter Futures Initiative was implemented in nine Wisconsin counties beginning in 2001. Douglas, Forest, Iron, Kenosha, Racine, Rock, Walworth, Winnebago, and Milwaukee counties were selected to share a portion of \$3,534,500 annually to help create opportunities for the healthy development and social well being of families, children, individuals and communities. The Brighter Futures Initiative's team also manages some \$9 million in other youth alcohol and other drug abuse prevention services that encompass a broad spectrum of programs and funding streams. These additional youth alcohol and other drug abuse prevention programs are supported primarily through the following:

- Substance Abuse Prevention and Treatment Block Grant Wisconsin is required to spend at least 20 percent, or some \$4.8 million of the total federal allocation on primary prevention services to reduce or prevent substance use/abuse among youth. These funds are distributed to 72 county governmental agencies and 11 American Indian Tribes.
- State Incentive Cooperative Agreement Grant This is a three-year Federal Center for Substance Abuse Prevention Cooperative Agreement Grant designated to assist states in developing models to coordinate, leverage, and redirect substance abuse prevention funds and other resources and to support local science-based substance abuse prevention efforts. Through the three-year grant that began October 1, 2001, approximately \$2.5 million has been awarded to coalitions within 15 counties and two American Indian Tribes to implement evidence based substance abuse prevention programs that target 12-17 year old youth.

# c. Child Abuse and Neglect/Child Protective Services

The Division implemented ongoing service standards on practice guidelines for ongoing services to children and their families, which went into effect in 2002. These standards

cover child protective services practice from the point the investigation ends through service delivery and case closing. The standards help bring child protection consistency throughout the state on how assessments of families are conducted, services are provided and progress toward achievement of outcomes is measured.

# d. Domestic Abuse Program

The Domestic Abuse Program provides grants to victim services agencies statewide. They deliver safety and support services for victims of domestic abuse and their children, educate the community about issues related to domestic abuse, and promote a coordinated community response to domestic abuse. In 2001, over 34,000 people received services, including over 6,400 persons who received safe shelter.

# e. The Emergency Food Assistance Program

Between October 1, 2002 and August 31, 2003, Wisconsin distributed 3.9 million pounds of entitlement food with an estimated value of \$3.1 million through the Emergency Food Assistance Program. This federal program provides food assistance to low-income families through the distribution of food available from the U.S. Department of Agriculture. During the same period, Wisconsin also distributed 2.3 million pounds of bonus food with a value of over \$3.2 million. The combined amounts of entitlement and bonus food distributed to date in federal fiscal year 2003 has provided over 7 million pounds of food with a value of over \$6.3 million.

Beginning in federal fiscal year 2002, the Department contracted with thirteen Community Action Agencies, the Hunger Task Force of Milwaukee, St. Vincent de Paul Community Center of Portage County and the Menominee Tribe to regionally administer the Program. By contracting with local agencies, the Department is able to ensure an effective and comprehensive system that promotes self-sufficiency with the families and individuals served by the Program.

#### f. Foster Care for Children

Currently in Wisconsin, there are approximately 5,100 foster homes and 7,250 foster parents. There are approximately 9,000 children in out-of-home care on a given day. At the end of 2002, there were 9,393 children in out-of-home care including 7,530 children in foster care and 1,863 in court-ordered Kinship Care. Of the children in care on a given day, approximately 49 percent of these children are in Milwaukee and 51 percent in the remaining counties, tribes and state foster care.

#### g. Independent Living

Independent Living services for youth ages 15-21 years who are in and exiting foster care were implemented statewide in 2001. The services focus on helping youth gain the skills necessary for successful transition from out-of-home care placement to living independently. The number of youth receiving services increased from 1,200 in 2000 to

3,383 in 2002. Services consist of assisting youth with obtaining housing, seeking and securing employment, completing secondary and post-secondary education, accessing medical and mental health services, and providing training in daily living skills (e.g., money management, food and diet). In 2002, 47 youth received scholarships for post-secondary education and training programs through the Scholarship Program.

# h. International Adoptions

In 2001 the Department received requests for 523 international adoptions and 607 requests in 2002.

# i. Interstate Compact on the Placement of Children

The Interstate Compact on the Placement of Children enables orderly procedures for the interstate placement of children and specifies financial and planning responsibilities for those involved in placing children in other states. During the last biennium, the Compact received about 1,284 requests for placement into Wisconsin and requested about 792 placements in other states on behalf of Wisconsin public and private agencies, and private individuals. Of the 2,000 open cases, 20 percent are adoptive placements, 20 percent are placements into residential care facilities and 60 percent are foster care, relative, or parent placements.

# j. Kinship Care

As of June 30, 2003, there were approximately 8,446 children receiving kinship care monthly payments (\$215 per month) through the Kinship Care Program in Wisconsin. Of those, approximately 5,019 were in Milwaukee.

# k. Runaway and Homeless Youth Programs

In state fiscal year 03, Wisconsin allocated \$428,960 of federal Title IV-B funds and \$50,000 in GPR to Runaway Programs, for a total of \$478,960. Most of the federal funding that goes directly to Runaway Programs comes from the Runaway and Homeless Youth Act.

Runaway programs provide crisis intervention services to runaway and homeless youth, other adolescents in crisis, and their families. Funding is provided to 24 agencies serving 62 counties. Program services include the following:

- A 24-hour crisis intervention hotline:
- Counseling for youth and families;
- Immediate safe shelter;
- Education, prevention, outreach and aftercare.

Annually, Wisconsin runaway programs serve over 2,400 youth face-to-face, provide over 1,700 families with counseling, provide temporary shelter for approximately 800

youth and receive 15,000 telephone contacts from troubled youth. Of the youth personally counseled, at least 98.3 percent were either reunited with their family or placed in a mutually agreed upon living situation.

#### l. Safe and Stable Families

The federal Safe and Stable Families program provides funds to states for community-based family support services, family preservation services to at-risk families, time-limited family reunification services for children in foster care, and adoption promotion and support services.

The Division provides technical assistance through site visits, regional round tables, and mailings. Beginning in calendar year 2001, counties were given the option to submit combined plans for the Promoting Safe and Stable Families and the IV-E Incentive Fund programs. In calendar year 2002, counties submitted a three-year plan. Outcome training was provided to assist local agencies in developing outcome measures for their local programs.

# m. Special Needs Adoption

The Division's direct service adoption program works to ensure permanent homes for children with special needs The Division's regional adoption program has shown significant increases by finalizing 431 adoptions in 2001 and 544 adoptions in 2002. The Bureau of Milwaukee Child Welfare finalized 263 adoptions in 2001 and 500 adoptions in 2002. The Division has developed a public-private partnership in special needs adoption by contracting with the private sector for home assessment and placement services through the Adoption Exchange, the Adoption Information Center and five regional Post Adoption Resource Centers. The Division also administers the Adoption Assistance Program that provides families with initial and ongoing reimbursement for the costs associated with adopting a special needs child. At the end of 2002, 6,000 children received adoption assistance through this program.

#### n. Milwaukee Child Welfare

As of June 30, 2003:

- 3,981 children are in an out-of-home placement under the jurisdiction of the Milwaukee County Children's Court. This is 36.8 percent less than in July 2001.
- 2,227 families are receiving case management services. This is 990 fewer families (30 percent) than July 2001.
- 665 children are living with their family but are on a court order for supervision. In comparison, there were 1128 children living at home but on a court order of supervision in July 2001.
- 365 family cases open in safety services, which is lower than the 464 cases open in July 2001.
- The Intake Unit received 19,469 calls between January and July of 2003.

- The Intake Unit "screened in" eight percent more referrals in the period of January to July 2003, compared to the same period in 2002.
- 232 families were transferred to Ongoing Case Management, and their children were placed outside of the home. For every one family that entered Ongoing Services, slightly more than two families received in home Safety Services in the first six months of 2003, thus preventing an out-of-home removal.
- During the period January through June 2003, there were 232 families that entered Ongoing Services. This is 84 fewer families (26 percent) when compared to the same period in 2002.

	2001 (July – December)	2002	2003 (January - June.)
Family Cases Transferred to Ongoing	301	567	232

# Permanency Outcomes for Children

	Reunification	Transfer of Guardianships	Adoptions	Total
2001 (July –	353	103	104	560
December)				
2002 (January –	1110	371	500	1981
December)				
2003 (January –	464	204	273	941
June)				

#### o. Federal Child Welfare Review

Wisconsin completed a federal review of Title IV-E eligibility and reimbursement practices in March 2002. The Title IV-E program provides federal reimbursement to states for the costs of children placed in foster homes or other types of out-of-home care under a court order or voluntary placement agreement. Following the review, the Division implemented a Title IV-E program improvement plan in August 2002 to improve compliance with IV-E requirements. Among the improvement strategies was implementation of a Statewide Eligibility Unit to handle IV-E eligibility determinations for counties. The Unit was implemented in five regional offices from August 2002 through February 2003. A second federal review will be completed in 2004.

Wisconsin began preparations for the federal Child and Family Services Review in 2001 with counties conducting local child welfare program assessments and the creation of a Child Welfare Executive Steering Committee to advise the Division. The results of the county assessments were used with the Committee to identify important child welfare program issues for the review process. Trial reviews were conducted in fall 2002 in five counties. A statewide assessment was completed and approved by the Committee in May

2003 for submission to the federal government in June 2003. The Division worked with the Bureau of Milwaukee Child Welfare and Kenosha and Outagamie counties to prepare for the actual, federal on-site review of cases in August 2003. Following the on-site review, the Division will begin work on a comprehensive Program Enhancement Plan for the child welfare program.

# p. Wisconsin Statewide Automated Child Welfare Information System

The federal Administration for Children and Families has required automated child welfare systems to enhance consistency in practice and accuracy in data collection. Automation will promote quality assurance and effective program evaluation. The System must meet federal standards, including compliance with requirements for data on child abuse and neglect, foster care and adoptions. As of June 2003, thirty-nine of Wisconsin's seventy-two counties and the state adoption program have implemented the System and are using its case management system for intake, investigation, safety assessment, and the management of ongoing services. Implementation of the System in the remaining thirty-three counties will be completed by June 2004.

# q. Child Care Licensing

Currently, 5,823 providers are licensed by the state. This includes 2,398 group child care centers, 3,104 family child care centers, 68 day camps, 44 residential care centers, 58 child placing agencies, 31 shelter care facilities and 120 group homes. Milwaukee County, in particular, has experienced significant growth in child care licensees. By July 2003, there were 1,339 licensed child care centers in Milwaukee. In calendar year 2002, the Division:

- Issued 855 new licenses:
- Conducted license renewals for 2,862 providers;
- Investigated 1,627 complaints about licensed and unlicensed providers; and
- Initiated 312 enforcement actions to protect the safety and well being of children.

In response to new requirements enacted in the 2001-03 budget, training on Sudden Infant Death Syndrome prevention was completed for all regulated child care providers, employees and volunteers.

The group and family child care administrative rules have been revised to promote increased safety standards in home and group settings. Required entry-level child care course curriculum has been redesigned to assure that those entering the field have achieved a required level of competency prior to receiving a license or working in a child care center.

The group foster home administrative rules are also being revised to respond to the changing needs of children and youth. The varied and complex treatment-related needs of children and youth placed in group foster homes necessitates revisions to licensing standards in order to protect the health, safety and welfare of children in residential care.

#### Goals:

DHFS has a strategic goal to increase opportunities for children to grow up safe, healthy and successful in strong families. In 2003-2005, the Division of Children and Family Services will:

- a) Make proposals and take action to significantly strengthen the statewide child welfare system to meet national standards and better protect children from abuse and neglect.
- b) Complete statewide implementation of the automated child welfare system.
- c) Promote more integrated services to families through collaboration of divisions within DHFS, departments across state government, local and county governments, schools, and other public and private partners interested in the well-being of children. This includes coordination with the W-2 program, substance abuse and mental health services, domestic violence services, corrections, and others.

In cooperation with the Division of Public Health, expand effective prevention programs including in-home visitation programs for new parents.

#### DIVISION OF DISABILITY AND ELDER SERVICES

In March 2003, the Division of Disability and Elder Services was created by consolidating three formerly separate units of the Department. These units included the Division of Supportive Living, the Division of Care and Treatment Facilities, and the Center for Delivery Systems Development in the Office of Strategic Finance.

The mission of the new Division is to lead, coordinate and oversee Wisconsin's continuum of community and institutional services for the elderly, for persons with disabilities, and for persons with mental illness or substance abuse issues. The Division accomplishes this via five strategies:

- 1. Improving the quality of life of people with disabilities and older people by developing real choices for community living and participation, including using diversion and relocation from institutional settings.
- 2. Developing programs that prevent, postpone or lessen dependence on Long Term Care or Mental Health/Substance Abuse Services.
- 3. Promoting improvement and recovery from mental illness and addiction.
- 4. Ensuring quality of care and high quality treatment in Division institutes, centers, secure treatment facilities, as well as in over 40 types of programs/facilities over whom the Division has regulatory oversight responsibility.
- 5. Ensuring and improving public safety by treating persons with criminal justice involvement, including sexually violent persons.

The Division is organized along three major lines of business: Long Term Support, Mental Health and Substance Abuse Services, and Quality Assurance.

# a. Long Term Support

- 1. The Community Options and Community Integration Programs, supported by state funds and federal Medicaid waiver funds, provide an alternative to institutional care for people who are elderly or who have a physical, developmental or mental disability. In 2001, 24,300 people who qualified for nursing home level of care received alternative services in the county. Cost of having elderly and individuals with physical disabilities in this program was \$67.00 per day. The cost of serving these persons in nursing homes would have been \$84.00 per day.
- 2. Through the federal "Homecoming" grant and the Community Integration Programs over 1,200 persons who were elderly or have a disability were relocated from nursing facilities to home and community settings. This includes relocating of residents and closing of two facilities that the Department took into a receivership, Colonial Health Care Services and Jackson Center. The Department has a third facility, Hearthside in receivership with the plan to relocate residents into community settings and close the facility by December 2003.
- 3. Northern Wisconsin Center continues to downsize the facility and develop community placements for individuals living in this facility. The population has

decreased from 182 on July 1, 2001 to 172 on July 1, 2003. Northern Center staff are currently working to implement the adopted budget provisions to phase out logner term care and retain a 30 bed Intensive Treatment Program. Currently over 100 individuals are in some stage of planning for possible moves into the community.

- 4. During the 2001-03 biennium the number of persons living at Central Wisconsin Center declined from a high of 375 people to 345 people.
- 5. Family Care is a long-term care redesign initiative to improve access, consumer choice and quality of services while providing cost effective care. Family Care was fully implemented in five counties (Milwaukee, Fond du Lac, Portage, La Crosse, and Richland) where five counties assumed risk based, capitated rates to serve persons who meet the long term care eligibility criteria. The counties enrolled 7,200 persons and have successfully managed the risk and maintained a positive fiscal balance. Consumers of Family Care report high satisfaction in two surveys conducted during this time period.

Improved access to information about long-term care is provided by Aging and Disability Resource Centers in the five Family Care Counties. Four additional counties also operate aging and disability resource centers. Annually, the Resource Centers respond to over 70,000 inquires about long term care. Resource centers also determine eligibility for the Family Care benefit and operate prevention programs to reduce dependence on the long term care system.

- 6. The Family Support Program provided services to 2,381 children, as well as 601 children on a one-time basis. These services assist families to care for children who have significant disabilities in their own homes, rather than in institutional settings.
- 7. A statewide Guardian Support Project was initiated to provide education and support to guardians of people residing at state Centers for the Developmentally Disabled who are relocating to the community.
- 8. The Division provided rehabilitation services during calendar year 2002, to nearly 2,100 visually impaired clients, the average age of whom was 79 years. These services assist individuals who are losing their eyesight remain independent in their own homes.
- 9. Under the state's Elder Abuse Reporting law, all counties maintain a telephone line to receive reports of abuse or neglect of elderly people. In 2001, there were 3,223 reports of abuse of older people. In 2002, there were 3,721 reports, an increase of 15 percent. This increase in reporting may be due to an increase of \$1.5 million in state funding in 2002 that enabled counties to establish better lines of communication across agencies in health, law enforcement and social service systems to identify victims of abuse.

- 10. Medicaid Home and Community Based Service Waiver Programs continued to provide high quality services:
  - 96 percent of guardians responding to annual surveys indicated a high level of satisfaction with community-based services provided by their counties.
  - State and county staff overseeing providers who operate the waiver programs, were credited by the Federal Centers for Medicare and Medicaid Services for superior performance in a number of areas in three separate federal, waiver reviews conducted in 2002 and 2003.
- 11. In January 2002, Central Wisconsin Center was recognized by the Governor's Office with the Wisconsin Forward Award for the Center's quality improvement program.
- 12. In the Department's ongoing effort to ensure health for older individuals, nutrition plays a critical role. The Elderly Nutrition Program served 2.7 million meals to 38,000 older persons at 610 meal sites. Volunteer drivers served 2.6 million meals to frail, homebound older people.
- 13. Birth to 3 Programs provided early intervention services to 10,534 children with developmental delays in 2002. This means that at any one point in time over 5,323 children received early intervention supports. A new parental cost share system was implemented in 2002.
- 14. In an effort to promote financial independence, county elderly benefit specialists served 30,000 older people each year, giving assistance with applications for Supplemental Security Income, Medicare, Food Stamps and Medicaid, and challenging appeals of denials. Federal, state and local funding supports the work of about 90 elderly benefit specialists. It is estimated that the program recovered or secured federal and other benefits for Wisconsin older persons each year valued at \$22.2 million, which is a \$6 return to the state's senior citizens for every dollar invested. The Disability Benefit Specialist program operates in nine counties through the new Family Care program. With a primary focus on Social Security disability benefits, the program is capturing over \$1 million annually in new federal benefits in the counties that operate the program.
- 15. The Katie Beckett Program provided Wisconsin Medicaid eligibility to 4,883 children with significant disabilities. A Family Survey conducted to the Katie Beckett Program found high level of satisfaction with the information and other services received from the program.
- 16. During the 2001-03 biennium, the Department administered monthly Supplemental Security Income and Caretaker Supplement cash benefits to more than 100,000 individual beneficiaries and their 12,000 children. By the end of the biennium, these benefits totaled over \$128 million in state general purpose revenue and \$17 million in Temporary Assistance for Needy Families funding per year.

17. Southern Wisconsin Center increased options for shared services across Wisconsin Department of Corrections, Department of Veteran's Affairs and Department of Health and Family Services programs on the Center campus as to maximize the resources at the lowest cost. This includes shared personnel function and shared vehicle pool.

#### b. Mental Health and Substance Abuse Services

- 1. Youth tobacco access rates were reduced from 33.9 percent in 2001, to 18.5 percent in 2003. Wisconsin has met its federally required target rate of 20 percent.
- 2. Seventy-one percent of women entering alcohol and other drug abuse treatment programs completed their treatment and achieved positive outcomes: They decreased substance use by 87 percent, decreased their criminal justice involvement by 75 percent and improved their employment status by 74 percent.
- 3. Community Support Programs and mental health case management programs served individuals with severe mental illness with the following outcomes that are slightly better than the national averages: 75 percent lived independently or with their families (U.S. average rate was 61 percent), and 22.6 percent were in competitive employment (U.S. average rate was 20 percent).
- 4. A 2003 study of the Mendota Mental Health Institute's Juvenile Treatment Center's effectiveness showed that 70 percent of a study group of treated juveniles at the Center committed no violent crimes up to 5 years after receiving treatment. In comparison, 70 percent of the identically matched comparison group did commit violent crimes in the same time period. The comparison group committed 16 homicides while the study group committed none.
- **5.** Winnebago Mental Health Institute's Waterwood Day School accepted students for day school who would otherwise need hospitalization, avoiding hospital stays for over 93 percent of the students enrolled during its first two years of operation.
- **6.** The Mental Health Institutes, as part of a patient and staff safety improvement initiative reduced restraint and seclusion usage by almost 50 percent.
- 7. A team of national experts reviewed the Sand Ridge Secure Treatment Center treatment program for Sexually Violent Persons. The team reported that the program is "firmly rooted in best practices that have empirical and theoretical support" and that the Center has "the expertise and resources to become a center of excellence and a leader in the treatment of high-risk sex offenders."
- 8. The number of community Supervised Release placements for Sexually Violent Persons made pursuant to court orders increased from seven at the start of the biennium to 16 by the end of the 2001-03 biennium.

- 9. Wisconsin Resource Center successfully completed transitioning patients classified as Sexually Violent Persons to Sand Ridge Secure Treatment Center. In November 2001, 180 individuals were transferred to Sand Ridge and 55 persons remained at the Wisconsin Resource Center. At the same time, the Center closed two units to meet biennial budget targets and the inmate population was increased to 320. As a result, the population treated at the Center changed from 65 percent sexually violent person patients and 35 percent mentally ill prison inmates at the end of the 1999-2001 biennium to 15 percent sexually violent person patients and 85 percent mentally ill prison inmates at the end of the first fiscal year of the 2001-2003 biennium.
- 10. Two-year Conditional Release Program performance measures indicate the number of clients is increasing. This increase reflects the court system's confidence in the program that diverts offenders with mental illness from costly mental health inpatient commitments to community supervision. Annual cost savings per client is \$127,914. The Conditional Release program also developed and implemented a monitoring instrument focusing on billing and eligibility of clients for third party reimbursement. This resulted in a \$1,883 per client reduction in average General Purpose Revenue cost, for total savings in fiscal year 03 of \$480,165 GPR.

# c. Quality Assurance

- 1. Nurse Aide Training & Testing Programs ensure a statewide level of standard in training and testing, in 2002 the Department:
  - Approved 36 Nurse Aide Training Programs with a total of 159 current training programs;
  - Approved 10 Nurse Aide Testing Programs
  - Completed 29 Nurse Aide Training Program on-site reviews;
  - Terminated two Nurse Aide Training Programs;
  - Added 9,920 newly trained nurse aides to the Wisconsin Nurse Aide Registry (There are 162,426 aides currently on the Registry);
  - Updated 61,582 nurse aide's records to maintain current employment eligibility (A total of 54,209 nurse aides are currently eligible to work in federally certified facilities).
  - Contracted out for the Wisconsin Nurse Aide Registry and Competency Testing services to improve program integrity and accountability.
- 2. Entity Background Checks:
  - 1,917 entity caregiver background checks were completed in 2002
  - 6,676 entity caregiver background checks have been completed to date.
- 3. In fiscal year 2003, the Value-added Technical Assistance project in Milwaukee County was completed with funding provided under the Civil Money Penalty program. Under the project, a select number of nursing homes volunteered, at no cost, to receive technical assistance to focus on internal quality improvements in health care delivery. The successful implementation of Wisconsin's project

contributed to the development of the federal Nursing Home Quality Improvement Initiative.

- 4. The Division's Bureau of Quality Assurance won the following National Best Practices Awards:
  - The 2001 national best practice competition sponsored by the Association of Health Facility Survey Agencies for the communication category submission of the "Caregiver Program Website."
  - The CLEAR 2001 Program Award established to recognize a program or agency concerned with occupational and professional regulation that demonstrates vision, creativity and results beyond what is normally achieved, and enhances the regulatory process.
  - The 2001 national best practice competition sponsored by Association of Health Facility Survey Agencies for the Pharmacy Newscapsule, a quarterly publication regarding medication issues relevant to all health care industries.
- 5. In the effort to extend regulatory flexibility, the Division and the provider and advocate communities collaborated on various methods of providing services. In so doing, the Department extended regulatory flexibility in recognition that the healthcare delivery system in Wisconsin is evolving, and will continue to do so into the future. Following are successful examples of how the Department has relaxed or waived regulations to allow the provider to deliver services that meet consumer's needs:
  - Laurel Grove Assisted Living Center Community Based Residential Facility in Manitowoc proposed a unique arrangement in a campus environment that would include nursing home, residential care apartment complex and a new community based residential facility. The Department worked extensively with the facility and issued a number of waivers to facilitate this proposal. An integral part of the project included a research study by the University of Wisconsin-Green Bay.
  - The Department worked with multiple stakeholders in an effort to accommodate the Woodlands of Oconto owner's need for additional time to accomplish refurbishing of their building. The Department provided concentrated technical assistance through this process. Successful opening is anticipated in November 2003.
  - The Department in collaboration with the two nursing home associations and the Board on Aging and Long Term Care developed a proposal to federal Centers for Medicare and Medicaid Services for a modified nursing home survey process that would allow more time to be focused on nursing facilities with quality of care problems while focusing less survey time on nursing facilities with good quality services. The proposal enjoyed extensive support but was not approved by the

Centers. Wisconsin however plans to continue to pursue this innovation with other Midwestern states in 2004.

6. During 2002, in recognition of the continued growth of Wisconsin's assisted living industry; the Department separated the oversight of assisted living from nursing home oversight. This realignment provides dedicated and focussed assisted living resources in the Division and fosters more collaborative relationships with internal and external stakeholders, including consumers, to address the myriad concerns within assisted living.

#### Goals:

DHFS has a strategic goal to foster opportunity for frail elderly people and people with disabilities to receive long term care in places of their choosing. The Department will work to implement long term care reform on a statewide basis over the next ten years. In 2003-2005, the Division of Disability and Elder Services will:

- a) Expand the system of Aging and Disability Resource Centers so that people can make informed decisions regarding their long term care options.
- b) Continue to expand choices for people with disabilities to select community care instead of nursing home care. This includes seeking expanded federal waivers to relocate individuals from nursing homes and to provide more flexible resources for consumer choices.
- c) Complete the plan to phase-out long term care of people with developmental disabilities at Northern Wisconsin Center and continue to incrementally downsize long term care at Southern and Central Wisconsin Centers. Strengthen community services and regional/state-level back-up supports needed for quality community care.
- d) Assess and redesign systems for monitoring and improving quality in all long term care settings.
- e) Promote the availability of effective mental health and substance abuse treatment, including advocating parity in insurance coverage and continuing to implement a redesign of the state-county system of care.
- f) Provide safe, effective mental health treatment in state institutions and community reintegration services. This includes proposing changes in Chapter 980 services and developing a transitional placement facility for sexual offenders to address safety goals and community reintegration issues.

#### DIVISION OF HEALTH CARE FINANCING

The Division of Health Care Financing is responsible for administering the Medicaid, BadgerCare, SeniorCare, Chronic Disease Aids, Family Care, Food Stamps, Health Insurance Risk Sharing Plan and General Relief programs. It is also responsible for issuing birth, death, marriage and divorce certificates, and collecting statistics related to the health of Wisconsin residents and the health care industry.

Medicaid pays for health-related services to low-income and medically needy persons, including services provided by nursing homes, fee-for-service and managed care health care providers. Preliminary estimates show the Medicaid program spent \$2.1 billion in state general purpose revenue during the 2001-2003 biennium and, in total, Medicaid expenditures averaged \$3.5 billion all funds per year during the biennium. In October 2002, Medicaid covered 12 percent of Wisconsin residents, which is more than the top ten commercial health insurers combined.

# 1. Performance and Operation

The Division provides an important link to improving the health and well being of Wisconsin residents. During the 2001-2003 biennium, Medicaid, BadgerCare, SeniorCare and other health care benefit programs administered through the Division provided policy and direction to improve program effectiveness, efficiency and dollar savings.

#### a. Funding and Revenues

Since 2001, the federal government has approved Wisconsin's Medicaid State plans for nursing homes that have included expanded intergovernmental transfer funding based on a wire transfer methodology. These additional federal funds were used for nursing home and other provider rate increases and for part of the State share of increased ongoing Medicaid costs.

The 2002 Jobs and Growth Tax Relief Reconciliation Act adjusted the Federal Medicaid Financial Participation rate beginning in January 2003, providing a higher federal match rate and additional federal funds for Medicaid expenditures through September 2003.

#### b. New and Enhanced Programs

During the biennium, the Department implemented SeniorCare, a new prescription drug assistance program for Wisconsin residents 65 years of age or older meeting certain eligibility criteria. Since implementation in September 2002, the SeniorCare program has provided comprehensive drug coverage to individuals who would otherwise be uninsured for drug benefits and has 96,800 participants currently enrolled.

The Department assumed responsibility for the Food Stamp program and the administration of income maintenance programs on July 1, 2002. The Food Stamp program is now the second biggest program in the Department, serving more than 300,000 people and providing more than \$230 million in annual federal benefits. The

Food Stamp caseload increased more than 20 percent from September 2001 through May 2003. Last year, Wisconsin received an award from the Food and Nutrition Service for the increase in Food Stamp program participation.

The Division completed significant milestones in order to comply with the federal Health Insurance Portability and Accountability Act by the deadline of October 2003 by:

- Developing and distributing a notice of privacy practices to all participants in Medicaid, BadgerCare, SeniorCare and the Health Insurance Risk Sharing Plan.
- Modifying day-to-day operational procedures to comply with privacy requirements.
- Training all Division staff on the new regulations and procedure changes.
- Conducting 17 all-day training sessions for providers in 10 cities.
- Developing and publishing over 100 publications on various changes impacting providers and developing free billing software for providers to electronically submit claims.
- Testing program systems and electronic transactions with partners to ensure continued operation following the Act's implementation.

The Health Insurance Risk Sharing Plan changed its basis of accounting from cash to accrual to improve the financial stability and long-term viability of the program. The program improved claims processing by initiating an on-line system through a pharmacy benefits manager and simplified requirements for policyholders and providers by separating coinsurance requirements for prescription drugs from medical benefits. During the biennium, enrollment increased 50 percent to 17,017 participants in June 2003.

The Family Planning waiver was approved by the federal government in June 2002. The goal of the program is to prevent unintended pregnancies by providing selected services to woman without children at or below 185 percent of the federal poverty level, supplementing other programs such as BadgerCare, Healthy Start and the Well-Woman program. The program benefits the target population and the general public by improving quality of life for enrollees and limits future Medicaid costs for birth and child coverage. By June 2003, over 20,000 recipients were enrolled with 1,236 participating providers.

Improvements in Medicaid dental services enhanced recipient access to services and provided more flexibility in provider reimbursement. Coverage for dental sealants applied in places other than dental offices improved access to preventative dental care. Emergency procedures were simplified to encourage the provision of urgent care dental services and provider reimbursement was augmented to allow non-profit clinics to bill for volunteer dentists.

Existing programs which provide Medicaid benefits to women with breast and cervical cancer were expanded during the biennium.

# c. Program Simplification

The Division continued to simplify Medicaid, SeniorCare and BadgerCare eligibility policies and processes to improve access to health care for consumers by:

- Developing and implementing a mail-in/phone-in application option for Medicaid for elderly and disabled persons.
- Developing consumer accessible web-based Medicaid information (screening tools, applications, and other information).
- Developing new eligibility-related publications for the Department website.
- Eliminating the asset requirement for Aid to Families with Dependent Children Medicaid and AFDC-related Medicaid.
- Simplifying and streamlining the prior authorization process for persons with long-term care needs, including coordination with home and community-based waivers.
- Proceeding with the Client Assistance for Reemployment and Economic Support system client notice redesign.

#### d. Data Collection

Per statutory changes, health care data collection was expanded to include outpatient services provided in physician offices, including types of visits and procedures, patient diagnoses and physician charges. The data is intended to provide insights for physicians about practice patterns, help patients find doctors suited to their needs and enable policymakers to learn more about the health of Wisconsin citizens and the operation of the health care system.

The collection of data from emergency departments complements the current hospital inpatient database by enhancing the overall picture of health care delivery . In addition, emergency department data is a valuable resource in planning the Department's injury prevention actions.

#### e. Preservation of Records

The Department currently stores 500,000 original records that have been impounded following the creation of records as a result of a proceeding such as adoptions and paternity changes. These are the only official copies of these records. During the biennium, these records continued to be microfilmed and indexed to ensure adequate protection from accidents involving fire or water. Once filmed, the original records are stored at an off-site climate-controlled location for their physical protection and preservation.

#### f. Enhanced Information on the Web

Improved and enhanced access to statewide information about health status, health needs, and access to care is available to assist individuals in making choices about their health-related behaviors and health care purchases.

The ability to shape policy and programs to improve the health of the public was enhanced through newly developed information about health insurance, employment and access to care, including an interactive query system with a range of health data.

New Minority Health web pages improved access to health information about racial and ethnic minority populations in Wisconsin.

Online physician and dentist directories were developed to provide consumers with greater access to information they can use to choose a health care provider, including provider specialty, practice location, hospital and/or plan affiliations, educational background, and whether a provider accepts new patients.

Profiles containing information about individual nursing homes enable consumers to view information that will help them to choose a facility that best meets their needs.

#### Goals:

DHFS has a strategic goal to foster access to quality, affordable health care and treatment. In 2003-2005, the Division of Health Care Financing will:

- a) Provide health care benefits to an increasing number of people eligible for Medical Assistance, BadgerCare, SeniorCare, Family Planning, and HIRSP consistent with federal and state law.
- b) Implement adopted budget changes and further measures to control health care expenses, including cost-conscious purchasing strategies for prescription drugs, increased cost-sharing for some SeniorCare and BadgerCare enrollees, and others.
- c) Expand managed care options for people receiving Supplemental Security Income, to improve access to providers, insure comprehensive assessment and case management, improve quality of care, and limit future Medicaid costs by reducing avoidable costs such as unnecessary hospitalizations.
- d) Implement a new managed care waiver for services to children with autism and a program of managed care services to children in out-of-home placement in Milwaukee County.
- e) Seek to maximize federal revenues consistent with federal law and policies.

- f) Reduce the error rate in Food Stamps to six percent or less for active cases and the error rate on closed cases to zero. Process all Food Stamp and Medicaid applications within required timeframes.
- g) Expand enrollment in Food Stamps to a greater proportion of those eligible, estimated to add 65,000 participants or approximately 78% of eligible people.

# DIVISION OF PUBLIC HEALTH

The Division's goals include minimizing the negative effects of diseases and health hazards on the public; promoting preventive care and encouraging healthy lifestyles; fostering quality care; giving particular emphasis to populations at risk for various health problems; developing statewide plans for the health care system; and providing technical assistance and consultation to community health programs.

# 1. Performance and Operations

#### a. Disease and Health Hazards

In response to public interest about indoor mold, the following information was posted on the Department's website: 1) lists of Indoor Air Quality Consultants, Water Restoration and Mold Remediation Contractors, and Building Performance Specialists; 2) guidelines for the small-scale clean-up of mold in homes; 3) a mold fact sheet for medical and public health professionals. In addition, IAQ equipment was purchased and training provided for four local health departments. Twenty health departments were provided training on how to conduct indoor air quality/mold investigations. Department staff conducted over 75 IAQ investigations involving mold in homes, schools, and other buildings.

Exposure to arsenic in private drinking water continues as a regional public health issue. During 2001 and 2002 meetings were held in several of the affected areas to provide information on arsenic and promote testing of private wells. More than 4,000 families submitted well water samples for arsenic analysis. Approximately 800 families learned that their water was high in arsenic. These families received information on the health effects of arsenic and were advised regarding treatment systems to remove the arsenic. A health study found higher skin cancer rates among adults who drank arsenic-contaminated water. This information has been shared with township officials and residents.

Chronic Wasting Disease a prion disease that affects the deer population was first discovered among Wisconsin deer in 2002. The fear of the disease causing human illness was noticed throughout the state. Bovine Spongiform Encephalopathy, a related prion disease among cattle in the United Kingdom has been linked to new-variant Creutzfeldt-Jacob Disease among humans. A joint investigation with the Centers for Disease Control and Prevention into an alleged cluster of CJD cases among deer hunters in Northern Wisconsin revealed that only one illness was CJD and did not identify a link to the consumption of deer affected by CWD. Surveillance for CJD was initiated and an expert panel was assembled to maintain surveillance in Wisconsin.

Monkeypox was identified in 18 individuals in Wisconsin who had exposure to infected prairie dogs. The prairie dogs became infected after contact with an infected Gambian rat, imported from Africa. The Division worked closely with local health departments and the Wisconsin Department of Agriculture, Trade and Consumer Protection, to identify persons at risk of exposure, implement isolation of ill patients and quarantine

exposed contacts, and coordinate testing at the Centers for Disease Control and Prevention to prevent further cases from occurring.

In 2003, the Division developed and implemented a hotline number, for citizens in Wisconsin to report dead birds that may be infected with West Nile virus. The hotline was also put in place to answer public inquiries about West Nile virus disease. In addition, the Division implemented web-based electronic reporting through the Wisconsin Health Alert Network of sick or dead crows, blue jays, or ravens and the laboratory results of tests on these birds.

The Division completed development of a new radioactive material licensing and inspection program. This new program is required for the state to assume regulatory authority over certain radioactive materials from the Nuclear Regulatory Commission, scheduled for August 2003.

Wisconsin received a Centers for Disease Control and Prevention grant for Building Environmental Health Services Capacity. Wisconsin was one of only three states to receive these funds. Wisconsin received three years of funding at approximately \$250,000 per year. The funds are being used to build Environmental Health capacity by directing grant funds to local health departments' environmental health programs, strengthening environmental health education on the campuses of University of Wisconsin-Eau Claire and University of Wisconsin-Milwaukee, and improving Division environmental health service delivery.

The Office of Public Health Improvement was established on July 1, 2002, in the Division to provide a strategic and systemic response to specific public health related issues and public health system improvements that require a broad division, department, or statewide approach.

The Wisconsin Youth Tobacco Survey was conducted annually using a random sample of both middle and high school students in the spring of 2002 and middle school students in 2003. Results from the Survey show a reduction in middle school current cigarette use from 12 percent (2000) to 9 percent (2002) and a further reduction to 8.6 percent (2003).

# b. Promote Preventive Care and Healthy Lifestyles

A \$750,000 annual grant was received to develop programs that prevent injuries from falls, particularly in the elderly. The Division is collaborating with the University of Wisconsin-Madison and several community intervention programs to measure the outcome of a variety of prevention initiatives.

As part of Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program, the Wisconsin Well Woman Program provided services to 23,232 low-income (annual household income at or below 250 percent of the Federal Poverty Guidelines), uninsured or underinsured women who were primarily ages 40-64. Mammograms were provided to 14,191 white women, 3,288 African American women and 1,600 Hispanic women. The program has provided 20,150 Pap tests to 12,337 women.

In 2002 the cooperative agreement with CDC to establish a Cardiovascular Health Program was re-established for a new five-year period for \$350,000 per year. In November 2002, the Program brought together over 30 health partners and established the Cardiovascular Health Alliance. The Alliance has since grown to over 50 partners and is in the middle of doing strategic planning to develop a five year plan on reducing the risk for and incidence of heart disease and stroke in Wisconsin.

#### c. Ambulance Service

The Division expanded technical assistance to ambulance services by providing multiple means of contact. The Division provided on-site assistance to over 60 ambulance providers, completed an ambulance provider and medical handbook that was distributed to all providers and developed programmatic materials that are included on the Department's website.

# d. Populations at Risk

The childhood lead poisoning testing rates among Medicaid and Women, Infants and Children Supplemental Food Program children continue to improve steadily. There was a 20.5 percent increase in testing of 0-5 year olds on Medicaid from 2000 to 2001 and a 7.8 percent increase from 2001 to 2002. In 2002, 48 percent of 1 year olds and 43 percent of 2 year olds (those at greatest risk) on Medicaid were tested. For WIC children there was a 19.5 percent increase in testing of 0-5 year olds from 2000 to 2001 and a 2.8 percent increase from 2001 to 2002. In 2002, 58 percent of 1 year olds and 50 percent of 2 year olds on WIC were tested.

#### e. Statewide Health Care System Plans

The Division began implementation of a Statewide Trauma Care system. Regional advisory councils have been formed and have begun work on formalizing a response system to care for injuries.

The Division completed the biennial State Emergency Medical Services Plan as required by law. The Division, in conjunction with the Emergency Medical Services Advisory Board, has evaluated the objectives for the past two years and outlined priorities for the next two years.

In response to state legislation, the statewide universal newborn hearing screening and early hearing detection and intervention program called Wisconsin Sound Beginnings was implemented. In spring 2003 the Division sent a survey to all of Wisconsin's hospital-based birthing facilities to query them about their hearing screening programs. All 104 hospitals that had birthing facilities in 2002 responded to the survey. During 2002 hospitals offering universal newborn hearing screening reported delivering 65,584 babies.

# f. Technical Assistance and Community Consultation

Contracts were negotiated for 79 community-based tobacco control coalitions. These contracts encumbered \$ 6,778,681 during the biennium. At least one local coalition addresses tobacco control in every Wisconsin county. All coalitions have developed written comprehensive strategic plans and are developing tracking systems to monitor smoke-free restaurants, smoke-free work sites, the number of pregnant women who smoke, media messages and media messages targeted toward youth. With this structure, coalitions pursue the on-going process of changing community normative values, promoting public health and leading the fight against tobacco. The Division provided training and technical assistance with coalition development, including recruiting coalition members, developing leadership skills, and increasing active involvement of coalition members. The Division developed a web-based training for "new" coalition members.

The Division conducted training sessions and tabletop exercises on radiological terrorism preparedness for interested hospitals, local units of government and emergency responders. Funding for this effort was provided by a federal terrorism preparedness grant (Centers for Disease Control and Prevention grant).

# g. Cancer Control

CDC awarded Wisconsin a three-year cooperative agreement for \$150,000 annually to establish a Comprehensive Cancer Control Program. Working with its major partners, American Cancer Society and the University of Wisconsin-Comprehensive Cancer Center, the Division will convene a multi-year effort to develop a strategic plan for cancer prevention and control. The strategic plan will follow the CDC model of six areas: surveillance, prevention, screening and early detection, treatment, quality of life and palliative care.

# h. Community Education

To increase public awareness, screening, diagnosis and treatment of syphilis and other sexually transmitted diseases requires active participation of, and support from, various agencies and organizations. The Division's staff in Milwaukee and their Community Partnership Team have carried out the following activities:

- a syphilis campaign in syphilis high morbidity areas using outdoor advertising media;
- bilingual point of contact flyers targeting high-risk populations.
- 2014 individuals were tested for syphilis through community screening activities in the biennium:
- pregnancy outreach programs refer at-risk pregnant females for STD services;
  and.
- syphilis testing is conducted at faith-based community testing sites.

#### i. Public Health Information Network

The Wisconsin Public Health Information Network was created. The PHIN integrates the Health Alert Network and National Electronic Disease Surveillance System programs. The PHIN is funded by grants from the U.S. Centers for Disease Control and Prevention bioterrorism preparedness initiative. It is a secure web site for emergency communications, distance training, evaluation, and public health investigation and surveillance automation – among state and local health departments, hospitals, clinics, emergency management agencies, public safety agencies, neighboring states, federal public health officials and others. Over 3,000 users, representing over 550 agencies, are registered on the Public Health Information Network.

# j. Public Health Consortia

In January 2003, 12 Consortia of Local Public Health Departments and Tribal Health Centers were finalized by the development of Memorandums of Understanding. These Consortia were developed to foster cooperation between agencies on a regional level and provide the necessary resources for planning and training Wisconsin's Health Workforce to respond to natural or manmade public health disasters, including acts of terrorism.

The Department provided funding from a supplemental Centers for Disease Control and Prevention Cooperative Agreement with Wisconsin. In 2002 local public health department's and tribes received \$1.7 million to aid in forming the Consortia and then in 2003 each Consortia received between \$350,000 to \$480,000 based on a population formula. Common objectives of the Consortia to be completed in 2003 include:

- Assessing current capacities
- Developing response plans that integrate with existing Emergency Operations Procedures
- Testing and exercising response plans
- Ensuring proper distribution of the Strategic National Stockpile of pharmaceuticals and medical equipment and supplies
- Ensuring around the clock alert and notification capacity
- Developing Mutual Aid Agreements for staffing and resource sharing
- Providing and obtaining appropriate preparedness education and training

The Wisconsin Hospital Bioterrorism Preparedness Program was initiated in April 2002. The intent of this Program is to prepare hospitals and their key emergency response partners (local health departments, Emergency Management directors and Emergency Medical Services) for an incident involving bioterrorism, other infectious disease outbreaks and other public health threats and emergencies.

#### Goals:

The leading goal for the Division of Public Health is the implementation of the Healthiest Wisconsin 2010 public health plan. System change requires multiple partners involvement in the development of an responsive and efficient public health system that

will respond effectively to public health threats and improve key health status indicators within the Healthiest Wisconsin 2010 public health plan. This plan includes the reduction of outcome disparities among various populations. The eleven health priorities include: access to primary and preventive health services; adequate and appropriate nutrition; alcohol and other substance use and addiction; environmental and occupational health hazards; existing, emerging and re-emerging communicable diseases; high-risk sexual behavior; intentional and unintentional injuries and violence; mental health and mental disorders; overweight, obesity and lack of physical activity; social and economic factors that influence health; and tobacco use and exposure.

#### DIVISION OF MANAGEMENT AND TECHNOLOGY

The Division of Management and Technology provides personnel, financial, information technology and other administrative services to the program divisions of the Department of Health and Family Services, to support the divisions in delivering quality, cost-effective programs for the Department's clients. In addition, the Division assists the Department Secretary in effectively managing the agency by establishing and overseeing administrative policies and procedures, providing financial, technology and personnel advice, and ensuring compliance with laws, regulations, and standards.

# 1. Performance and Operations

#### a. Administrative

The Department Internet site continues to gain more visitors—from 150,000 visitors in July 2001 to 260,000 in July 2003. The Department developed a decentralized system allowing staff to publish content to the Internet site.

Efforts continued to consolidate and upgrade office space as approximately 295 staff in the Madison and Milwaukee areas were relocated to provide improved office space and efficiencies in space utilization.

Completed the design, bidding and contracting for the new Wisconsin Resource Center Administration and Armory Building and a new Vehicle Maintenance and Storage Building for Winnebago Mental Health Institution. Construction for both of these facilities will begin in early September 2003.

Reduced energy consumption at the seven Department institutions by 6.9 percent in fiscal year 02 compared to fiscal year 01. This decrease compares to an overall reduction of 2.9 percent for facilities statewide during the same period.

#### b. Technology

The Department uses technology to facilitate the achievement of its strategic goals. Five major initiatives were the foundation of the technology effort for the past biennium. The initiatives included:

- Enhancement of communications and data infrastructure to facilitate surveillance, early detection, and response for bio-terrorism events.
- A program for Medicaid, other health care programs, and the care and treatment facilities to comply with the Health Insurance Portability and Accountability Act. This initiative includes assistance to counties, municipalities, providers, and other state agencies.
- Statewide implementation of the Wisconsin Statewide Automated Child Welfare Information System. This is in progress with the majority of the state implemented.

- Continued commitment to electronic-government. Upgraded the technology, security, and support processes for e-government and implemented several new Internet-accessible applications including e-Wisconsin Statewide Automated Child Welfare Information System, Senior Care, Family Care Functional Screen, Grants and Contracts, Administrative Rules, and Physicians' Office Visit Data.
- Implementing cost-effective storage solutions to enhance the security and availability of data within the Department network environment.

#### c. Fiscal

The Department continues to maximize federal funds to support programs and is responsible for over \$3.3 billion annually. The Department has successfully led efforts to enhance these claims through the Income Augmentation Project, which maximizes federal revenue due the state.

As a result of improvements in Division efficiencies, in the area of accounts payable and purchasing, a high volume of fiscal transactions are processed timely to meet internal and external customer needs, while purchasing and accounting positions were reduced.

#### d. Personnel

The Department continued automation of its Human Resources functions resulting in improved processing times and enhanced user accessibility to personnel information through expanded on-line reporting. Work also began on the development of an on-line time and task reporting system that should be implemented this coming fiscal year. During 2001-03, the average number of days for staffing vacancies requiring announcement and examination was 28 days, an 8.4 percent improvement over the previous biennium.

The Department met and exceeded the statewide 6 percent hiring goal for W-2 candidates in each year of the biennium. The Department's W-2 hiring rate was 9.2 percent for fiscal year 01-02 and 9.6 percent for fiscal year 02-03.

The Department dramatically increased its capabilities in distributing distance learning and other communications with the addition of large group teleconferencing, web conferencing, interactive media, and advanced videoconferencing technologies. The Department is now able to reach out to employees and partners throughout Wisconsin.

The Department's safety and work injury reduction efforts focused on its Institutions. Safety and work injury reduction plans were developed and implemented. The number of injury claims for fiscal year 03 was 20 percent less than fiscal year 02 and 30 percent less than fiscal year 01.

The Affirmative Action and Civil Rights Compliance Office began the development of a Department policy on Limited English Proficiency in compliance with Executive Order

#13166 and Title VI of the Civil Rights Act of 1964. The Department started implementing written translation procedures of its forms and other essential documents including Spanish/Hmong translations on several of its websites. The Department also collaborated with the Department of Workforce Development in developing translator/interpreter contracts.

#### 2. Service Goals 2003-2005

- **a.** Continued commitment to electronic-government initiatives through development of additional interactive web-based applications including:
  - The creation of an Electronic Records and Information Online System for all vital records (birth, death, etc.) as a strategic application for many programs in the Department; and
  - Completion of statewide rollout of web-enabled State child welfare system.
- **b.** Continued commitment in utilizing distance learning and other communications through the use of large group teleconferencing, web conferencing, interactive media, and advanced videoconferencing technologies. Work also began on the addition of a sophisticated satellite programming reception system for primary use by the public health network and bioterrorism initiatives.
- **c.** Enhanced Department work environment through promotion of safe and healthy workplace, enhancement of loss prevention programs and safe comfortable work areas.
- **d.** Implementation of several revenue maximization initiatives that will recover additional federal funds for State and county needs.